April 8, 2020 P.M.

	STATES DISTRICT COURT RN DISTRICT OF NEW YORK	
UNITED :	STATES OF AMERICA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	-V-	WAIVER OF RIGHT TO BE PRESENT AT CRIMINAL PROCEEDING
Sally Spi	nosa , Defendant.	21-CR-206 (PAE)
Check Pr	roceeding that Applies	
x ı	Entry of Plea of Guilty	
	attorney about those charges. I had charges. I understand I have a right District of New York to enter my pleadso aware that the public health enwith travel and restricted access to that torney. By signing this document, appear in person before the judge to advise the court that I willingly gives I enter my plea so long as the foll participate in the proceeding and to	and with violations of federal law. I have consulted with my ave decided that I wish to enter a plea of guilty to certain it to appear before a judge in a courtroom in the Southern is a of guilty and to have my attorney beside me as I do. I am mergency created by the COVID-19 pandemic has interfered the federal courthouse. I have discussed these issues with my I wish to advise the court that I willingly give up my right to be enter a plea of guilty. By signing this document, I also wish we up any right I might have to have my attorney next to me owing conditions are met. I want my attorney to be able to be able to speak on my behalf during the proceeding. I also ith my attorney at any time during the proceeding if I wish to
Date: 1	ঠ\ব (Sally Spinosa Print Name	Signature of Defendant
	Sentence	
	I understand that I have a right to a	opear before a judge in a courtroom in the Southern District

I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York at the time of my sentence and to speak directly in that courtroom to the judge who will sentence me. I am also aware that the public health emergency created by the COVID-19 pandemic has interfered with travel and restricted access to the federal courthouse. I do not wish to wait until the end of this emergency to be sentenced. I have discussed these issues with my attorney and willingly give up my right to be present, at the time my sentence is imposed, in the courtroom with my attorney and the judge who will impose that sentence. By signing this document, I wish to advise the court that I willingly give up my right to appear in a courtroom in the Southern District of New York for my sentencing proceeding as well as my right to have my attorney next to me at the time of sentencing on the following conditions. I want my attorney to

be able to participate in the proceeding and to be able to speak on my behalf at the proceeding. I also want the ability to speak privately with my attorney at any time during the proceeding if I wish to do so.

I hereby affirm that I am aware of my obligation to discuss with my client the charges against my client, my client's rights to attend and participate in the criminal proceedings encompassed by this waiver, and this waiver and consent form. I affirm that my client knowingly and voluntarily consents to the proceedings being held with my client and me both participating remotely.

Onenn. A

Date:	John Meringolo	SEC/7
	Print Name	Signature of Defense Counsel
Addendun	n for a defendant who requires servi	ices of an interpreter:
translated		these issues with the defendant. The interpreter also defendant before the defendant signed it. The
Date:	Signature of Defense Counsel	

Accepted:

Date: 8/4/2021